

**BUSINESS STRUCTURE CHANGES FORM**

***This form only needs to be completed if the firm has incurred changes since the last annual update or recertification. If you have not incurred any changes this form does not need to be completed.***

***Please note that if changes have occurred you must submit the required documents identified by bold and italicized print contained in or above each box you complete. Further, please do not forget to sign the bottom of each page.***

**Section 1: GENERAL INFORMATION****A. New/Revised Contact Information**

|   |                    |                              |             |
|---|--------------------|------------------------------|-------------|
| (1) Contact person and Title:               |                    | (2)(a) Legal name of firm:   |             |
|   |                    | (2)(b) DBA or Trade Name(s): |             |
| (3) Phone #:                                | (4) Other Phone #: | (5) Fax #:                   |             |
| (6) E-mail:                                 |                    | (7) Website (if have one):   |             |
| (8) Street address of firm (No P.O. Box):   | City:              | County:                      | State: Zip: |
| (9) Mailing address of firm (if different): | City:              | County:                      | State: Zip: |

**B. New/Revised Business Profile**

|   |   |
|---|---|
| (1) Federal Tax ID (EIN) from IRS Form SS-4:  | (2) Uniform Business ID (UBI) from Master Business License: |
| (3) New business structure or legal character of firm:<br><input type="checkbox"/> Sole Proprietorship ( <b><i>include proof of ownership</i></b> )<br><input type="checkbox"/> Partnership ( <b><i>include copies of partnership agreement &amp; proof of ownership &amp; capitalization</i></b> )<br><input type="checkbox"/> Corporation ( <b><i>include copies of Articles of Incorporation, Bylaws, minutes, stock ledger &amp; stock certificates, proof of ownership &amp; capitalization</i></b> )<br><input type="checkbox"/> Limited Liability Partnership ( <b><i>include copies of Certificate of Formation, partnership operating agreement, &amp; proof of ownership &amp; capitalization</i></b> )<br><input type="checkbox"/> Limited Liability Corporation ( <b><i>include copies of Certificate of Formation, Operating Agreement, minutes, &amp; proof of ownership &amp; capitalization</i></b> )<br><input type="checkbox"/> Joint Venture ( <b><i>include copies of Certificate of Formation - if applicable, Joint Venture Agreement, &amp; proof of ownership &amp; capitalization</i></b> )<br><input type="checkbox"/> Other, Describe: _____ |   |

**C. Changes in Relationships with Other Businesses or Entities**

|   |
|---|
| (1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, employees, or office staff, with any other business, organization, or entity?<br>Yes No<br><br>If Yes, identify: Other Firm's name: _____<br>Explain nature of shared facilities: _____<br><br>_____ |
|---|

\_\_\_\_\_  
Signature of owner\_\_\_\_\_  
Date

|  |  |                         |
|--|--|-------------------------|
| (2) At present, your firm:   | (a) is a subsidiary of any other firm?                                     | Yes No                  |
|  | (b) is a partnership in which one or more of the partners are other firms? | Yes No                  |
|  | (c) owns any percentage of any other firm?                                 | Yes No                  |
|  | (d) have any subsidiaries?   | Yes No                  |
| (3) Does any other firm have an ownership interest in your firm at present?  |  | Yes No                  |
| (4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each ( <i>attach extra sheets, if needed</i> ): |  |                         |
| <u>Name</u>  | <u>Address</u>   | <u>Type of Business</u> |
| 1.   |  |                         |
| 2.   |  |                         |
| 3.   |  |                         |

**D. Immediate Family Member Businesses**

|   |                     |                |                         |                       |
|---|---------------------|----------------|-------------------------|-----------------------|
| Do any of your immediate family members now own or manage another company? Yes No |                     |                |                         |                       |
| If Yes, then list ( <i>attach extra sheets, if needed</i> ):                      |                     |                |                         |                       |
| <u>Name</u>   | <u>Relationship</u> | <u>Company</u> | <u>Type of Business</u> | <u>Own or Manage?</u> |
| 1.  |                     |                |                         |                       |
| 2.  |                     |                |                         |                       |

**E. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner**  
*(submit a copy of each loan with proof of payments):*

| Name of Source | Address of Source | Name of Person Securing the Loan | Original Amount | Current Balance | Purpose of Loan |
|----------------|-------------------|----------------------------------|-----------------|-----------------|-----------------|
| 1.             |                   |                                  |                 |                 |                 |
| 2.             |                   |                                  |                 |                 |                 |
| 3.             |                   |                                  |                 |                 |                 |

**F. Identify loss of owner(s) and key personnel**

|  |  |
|--|--|
| <p>(1) Check all that apply:</p> <p> <input type="checkbox"/> Owner<br/> <input type="checkbox"/> Officer<br/> <input type="checkbox"/> Director<br/> <input type="checkbox"/> Shareholder<br/> <input type="checkbox"/> Manager<br/> <input type="checkbox"/> Member<br/> <input type="checkbox"/> Partner<br/> <input type="checkbox"/> Principal         </p> | <p>(2) Has the owner or key person been replaced?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </p> <p>If Yes, also complete Section 4 for key personnel or Sections 2 &amp; 4 for the new owner, shareholder, member, or partner.</p> |
|--|--|

\_\_\_\_\_  
Signature of owner\_\_\_\_\_  
Date

**Section 2: OWNERSHIP**

**Identify all individuals, businesses, or holding companies with any new ownership interest in your firm, providing the information requested below** *(If more than one owner, attach separate sheets for each additional owner):*

**A. Background Information** *(provide a copy of your driver's license & proof for A(5), (6), (7), and (8) below)*

|  |   |                   |
|--|---|-------------------|
| (1) Name:  | (2) Title:  | (3) Home Phone #: |
| (4) Home Address (street and number):            |   | City: State: Zip: |
| (5) Gender: Male Female                          | (6) Ethnic group membership (Check all that apply): |                   |
| (7) U.S. Citizen: Yes No                         | Black Hispanic Native American                      |                   |
| (8) Lawfully Admitted Permanent Resident: Yes No | Asian Pacific Subcontinent Asian                    |                   |
|  | Other (specify) _____                               |                   |

**B. Ownership Interest** *(provide proof for B(1), (2), and copies of (5), (6) below)*

|   |                           |             |                                     |
|---|---------------------------|-------------|-------------------------------------|
| (1) I/We have owned this firm since: ____/____/____   | (2) Initial investment to | Type        | Dollar Value                        |
| (3) Percentage owned:   | acquire ownership         | Cash        | \$                                  |
| (4) Familial relationship to other owners:  | interest in firm:         | Real Estate | \$                                  |
|   |                           | Equipment   | \$                                  |
|   |                           | Other       | \$                                  |
| (5) Method of acquisition (check all that apply):   |                           |             |                                     |
| Started new business Bought existing business Inherited business Secured concession   |                           |             |                                     |
| Merger or consolidation Other (explain) _____   |                           |             |                                     |
| (6) Shares of Stock:  | Number                    | Percentage  | Class Date acquired Method Acquired |
| (7) Does this owner perform a management or supervisory function for any other business? Yes No   |                           |             |                                     |
| If Yes, identify: Name of Business: _____ Function/Title: _____   |                           |             |                                     |
| (8) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No |                           |             |                                     |
| If Yes, identify: Name of Business: _____ Function/Title: _____   |                           |             |                                     |
| Nature of Business Relationship: _____  |                           |             |                                     |

**C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)**

|  |
|--|
| (1) Complete the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification. <b><i>(Use and attach the Personal Financial Statement form at the end of this form for each eligible owner)</i></b> |
| (2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No  |
| If Yes, explain <b><i>(provide a copy of the trust document):</i></b>  |

**D. List all contributions or transfers of assets to/from your firm and to/from any of its new owners over the past two years** *(attach additional sheets if needed):*

| Contribution/Asset | Dollar Value | From Whom Transferred | To Whom Transferred | Relationship | Date of Transfer |
|--------------------|--------------|-----------------------|---------------------|--------------|------------------|
| 1.                 |              |                       |                     |              |                  |
| 2.                 |              |                       |                     |              |                  |
| 3.                 |              |                       |                     |              |                  |

Signature of owner

Date

**Section 3: BUSINESS DESCRIPTION CHANGES****A. Describe the revised business activities of your firm**

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|  |
|--|

**B. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):****(1) Equipment (*provide proof of ownership or lease agreement, insurance, & proof of payment*)**

| Type of Equipment | Make/Model | Current Value | Owned or Leased? |
|-------------------|------------|---------------|------------------|
| (a)               |            |               |                  |
| (b)               |            |               |                  |
| (c)               |            |               |                  |

**(2) Vehicles (*provide title, registration, insurance, proof of ownership or lease agreement, & proof of payment*)**

| Type of Vehicle | Make/Model | Current Value | Owned or Leased? |
|-----------------|------------|---------------|------------------|
| (a)             |            |               |                  |
| (b)             |            |               |                  |
| (c)             |            |               |                  |

**(3) Office Space (*provide proof of ownership or lease agreement, & proof of payment*)**

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a)            |                  |                                    |
| (b)            |                  |                                    |

**(4) Storage/Yard/Warehouse Space (*provide proof of ownership or lease agreement, & proof of payment*)**

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a)            |                  |                                    |
| (b)            |                  |                                    |

**C. Does your firm rely on any other firm for management functions, equipment, employees, or payroll?**

Yes No

If Yes, *explain & provide copies of contracts:*

|  |
|--|
|  |
|--|

**D. List up to three jobs, contracts, or bid submittals on which your firm has executed in the new activities:**

| Name of Prime Contractor & Project Number | Location of Project | Type of Work<br>( <i>submit copies of contracts/bids/invoices</i> ) | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---|---------------------|---|--------------------|-----------------------------|--------------------------|
| 1.  |                     |   |                    |                             |                          |
| 2.  |                     |   |                    |                             |                          |
| 3.  |                     |   |                    |                             |                          |

\_\_\_\_\_  
Signature of owner\_\_\_\_\_  
Date